

SENIOR CITIZEN AND DISABLED PERSONS REDUCTION IN PROPERTY TAXES**YOU WILL BE NOTIFIED ONLY IF APPLICATION IS DENIED**File application with the King County Assessor **for taxes due in 2003** per RCW 84.36

1. I, am applying for a senior citizen or a disabled exemption and certify the following: (please mark appropriate boxes).
- ☐ I currently own and occupy this property as my principal residence as of December 31, 2002.
- ☐ I am or will be 61 years of age or older on or before December 31, 2002.
- ☐ I am disabled **and** retired from regular, gainful employment by reason of such disability. Please attach a **current physician's statement** attesting to disability if under age 61 **or** your **SSI award letter** to this application.
- ☐ I am at least 57 years old and my spouse was previously approved for an exemption.
2. Birthdate: _____ Spouse Birthdate: _____ Date Property Purchased / Occupied: _____
3. **Type of Ownership:** ☐ I am the owner / Occupant ☐ I have a lease for Life Estate – Attach Document

4. ALL GROSS INCOME OF CLAIMANT, SPOUSE AND/OR CO-TENANT: (MAXIMUM INCOME \$30,000)

Total Social Security (including Part B Medicare premiums)	\$ _____	Trust, Royalty, Partnership Estate	\$ _____
Annuities Received	\$ _____	Public Assistance Payments	\$ _____
Retirement Income / Pensions	\$ _____	Alimony Received	\$ _____
Taxable and NON-Taxable Interest & Dividends	\$ _____	Railroad Retirement Income	\$ _____
Taxable and NON-Taxable Bonds	\$ _____	Capital Gains – Losses are NOT Deductible for application purposes.	\$ _____
Wages and Other Earned Income	\$ _____	Gambling Winnings	\$ _____
Business Income before Depreciation	\$ _____	LISTED BELOW ARE THE ONLY ALLOWABLE DEDUCTIONS FOR THIS APPLICATION – You will need to provide documentation for all expenses.	
Rental Income before Depreciation	\$ _____		
Unemployment Payments	\$ _____		
Income received from another Country	\$ _____		
Income earned from a CO-TENANT	\$ _____	** Nursing Home Expenses	\$ _____
		** In-Home Care Expenses	\$ _____
		** Non-Reimbursed Prescriptions	\$ _____

TOTAL INCOME FOR 2002 APPLICATION PURPOSES \$ _____**VERIFICATION OF 2002 INCOME (INCLUDING ALL IRS SCHEDULES) MUST BE ATTACHED****PLEASE PRINT**

5. Claimant's Name: _____ Spouse's Name: _____
- Address: _____
- City, State, Zip: _____ Area Code/Phone Number: _____

Any exemption granted through willfully providing **erroneous** information shall be subject to the correct tax being assessed for the last three years, plus a 100% penalty, (**RCW 84.40.130**). I declare under the penalties of perjury, that all of the fore-going statements are true.

Your signature must be witnessed by two (2) people **OR** by one (1) commissioned Deputy Assessor.

Claimant's Signature	Date Signed	Witness Signature	Date Signed
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Deputy Assessor	Date Signed	Witness Signature	Date Signed
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THIS CLAIM IS SUBJECT TO AUDIT BY THE DEPARTMENT OF REVENUE**FOR DEPARTMENT OF ASSESSMENTS USE ONLY**

Type: _____	Seg Needed? . _____
Years Eligible _____	Denied YES NO Reviewed: _____
Account #: _____	

INSTRUCTIONS

This material is available in alternate format for individuals with disabilities upon advance request by calling Exemptions at 206-296-3920 or TTY 206-296-7888.

This claim is being filed with the King County Assessor's office for taxes payable in **2003** under the requirements of RCW 84.36. If you think you may qualify for any of the three prior years, please call our office for the additional applications. You must supply an application with appropriate documentation attached for each year you wish to be considered for reduction. The assessed valuation of the residence, for taxation purposes, will be frozen at the level of the earliest year that you can qualify for exemption.

NUMBERS LISTED BELOW CORRESPOND TO THE NUMBERS ON THE FRONT OF THIS FORM.

1. Mark boxes that apply to you. If you are disabled and under 61 years of age, you **MUST** supply this office with a current, physician signed disability form noting the year the disability occurred, the type of disability and whether the disability is temporary or permanent. For copies of the disability forms call 206-296-3920. **Or**, you may provide the copy of your SSI award letter.
2. Fill in your birthdate, spouse's birthdate (if applicable) and the date you purchased /occupied your residence.
3. Type of ownership: Check the box that pertains to you. If you have a life estate or a lease for life, please attach a copy of that portion of the deed, lease or trust. **DO NOT** send the entire document.
4. **Income and Expense Box: Verification of income/deductions must be attached.** If you do not attach income documentation, your claim for exemption WILL NOT be processed. You must report to us all income sources – Taxable and Non-Taxable. Please provide the following information to verify income: IRS Returns, Retirement Income statements, Bond statements, Annuity disbursement statements, social security statements, monies contributed or paid to you by others residing with you, unemployment compensation, public assistance, disability payments, alimony, VA benefits, investments, capital gains (we do not allow the deductions of capital losses), trust or royalty disbursements, partnership disbursements, and business and rental income. We do not allow depreciation deductions.

Non-reimbursed nursing home expenses, including non-reimbursed medication expense for the claimant or a spouse may be deducted from gross income. **Verification of non-reimbursed expenses is required.** Non-reimbursed in-home care for the claimant or spouse may be deducted. Items such as specialty foods, oxygen, Meals on Wheels, special needs furniture, attendant care and light housekeeping may be deducted from gross income. **Verification of non-reimbursed expenses is required.** It is not a requirement that the person providing in-home care be specially licensed. Non-reimbursed prescription drugs expenses may be deducted. **Verification of non-reimbursed expenses is required. PLEASE NOTE:** Assisted Living Expenses are **NOT** deductible.

A **co-tenant** is a person who resides with the claimant **AND** has ownership interest in the residence. Co-tenant income information must be provided if they reside with you.

5. Name/Address/Signature: Enter the your full name, address, phone number and spouse's name.

Claimant, please sign this claim form in front of two witnesses, or you may sign it at the Department of Assessments. If someone other than the claimant is signing this document, please attach proof of authority such as Power of Attorney.

IF APPROPRIATE ON BACK YEARS, THIS APPLICATION WILL SERVE AS A REQUEST FOR A REFUND. A REFUND PETITION WILL BE PREPARED AND MAILED AT A LATER DATE. IF YOU RECEIVE THE REFUND PETITION PLEASE SIGN IT AND RETURN IT IMMEDIATELY. CURRENT YEAR WILL RECEIVE A BILLING ADJUSTMENT INSTEAD.
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